Toward Future Evidence-Based Deprescribing Guidelines: Getting Started

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Deprescribing Guidelines Symposium
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<table>
<thead>
<tr>
<th>Drug/Drug class</th>
<th>Number (%) of participants - Topic would probably/definitely be useful</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Benzodiazepines</td>
<td>59/64 (92%)</td>
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<tr>
<td>2. Atypical antipsychotics</td>
<td>59/64 (92%)</td>
</tr>
<tr>
<td>3. Proton-pump inhibitors</td>
<td>56/64 (88%)</td>
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<tr>
<td>4. Typical antipsychotics</td>
<td>56/64 (88%)</td>
</tr>
<tr>
<td>5. Zopiclone</td>
<td>55/64 (86%)</td>
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<tr>
<td>6. Opioids</td>
<td>53/64 (83%)</td>
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<tr>
<td>7. Statins</td>
<td>52/64 (81%)</td>
</tr>
<tr>
<td>8. Urinary anticholinergics</td>
<td>52/64 (81%)</td>
</tr>
<tr>
<td>9. Tricyclic antidepressants</td>
<td>49/64 (77%)</td>
</tr>
<tr>
<td>10. Beta blockers</td>
<td>49/64 (77%)</td>
</tr>
<tr>
<td>11. Cholinesterase inhibitors</td>
<td>47/64 (73%)</td>
</tr>
<tr>
<td>12. Antiplatelets</td>
<td>47/64 (73%)</td>
</tr>
<tr>
<td>13. Selective serotonin reuptake inhibitors</td>
<td>46/64 (72%)</td>
</tr>
<tr>
<td>14. Trazodone</td>
<td>46/64 (72%)</td>
</tr>
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Steps for Developing a Deprescribing Guideline

Preparation: Funding and Guideline Development Team (GDT) Composition

1. Define scope and purpose
2. Generate key clinical questions
3. Set criteria for admissible evidence; conduct systematic review(s)
4. Synthesize evidence (including harms, patient values, resource implications, other guidelines) (GRADE)
5. Formulate recommendations; assess strength (GRADE)
6. Add clinical considerations
7. Conduct clinical and stakeholder review (AGREE II)
8. Update evidence and recommendations pre-publication

Preparation - Funding

- Identify potential funding sources
  - Critical budget items for efficient development of a deprescribing guideline are:
    - Coordinator salary (for ~ 1 year)
    - Medical librarian consultation
    - Support staff (research assistants, students)
    - Consumables
    - GDT meetings (x2)
    - Knowledge translation: open access fees, poster printing, etc.
Preparation - GDT

- **Team Composition**
  - Determined by medication class and intended audience
  - Ideally, a member from each professional group that will use the guideline, usually:
    - Family physicians
    - Specialist physicians
    - Pharmacists
    - Nurse practitioners
    - Long-term care physician, internist or a geriatrician (depending on the target population)
    - Methodologist (systematic reviews + GRADE)
    - Patient
  - Consider conflicts of interest early
Determining Scope and Purpose

• Important to focus literature searches, workload and avoid later disagreement

• Decisions
  – >65 or all adults?
    • e.g. PPI deprescribing studies primarily in younger people
  – Scope of conditions
    • e.g. primary insomnia vs. insomnia with comorbidities
  – Who should be excluded?

P Patient Population
I Intervention or Issue
C Comparison intervention (optional)
O Outcome of interest

3 April 2018
Examples of PICO questions

• In adults, what are the effects (harms and benefits) associated with deprescribing long-term daily PPI therapy compared to continuous and chronic use?
• What are the effects (benefits and harms) of deprescribing BZRAs compared to continued use in adults with insomnia?
• What are the effects (harms and benefits) associated with deprescribing compared to continuation of antipsychotic medication for the treatment of BPSD in adults?
• In adults with type 2 diabetes, what are the effects (benefits and harms) of deprescribing (stopping, reducing dose, gradual tapering, and prescription substitution) antihyperglycemics compared to continued use of antihyperglycemics?”
Generate Key Clinical Questions

• Benefit of continuing the drug (e.g. antihyperglycemics) – extrapolate info from evidence reviews + guidelines
• Harm of continuing the drug (review of reviews of harms)
• Weighing benefit/harm
• Difference in frailty or dementia?
• Management of withdrawal or rebound symptoms

- What factors warrant continued use?
- How can patients be engaged in the deprescribing process?
- How should tapering be approached?
- What should be monitored and how often?
- How to manage recurring symptoms?

Fig 4. Sample clinical consideration questions.
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